CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

on growing of the committees								
1. DATE OF REPORT 2.a. NAME OF CANDIDATE OR COMMITTEE RYCO EDOSS 2)								
2.b. IF COMMITTEE, NAME OF CANDIDATE								
S. ELECTION DATE								
4.a. CAMPAIGN ADDRESS AND PHONE								
4103 Daviton Blud. ESY Chatanana TA) 33416								
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)								
Street or Rural Route City State Zip Code Phone								
OFFICE SOUGHT (include district number, if applicable) NAME OF POLITICAL TREASURER (may be candidate)								
Register of Deeds Ruc C								
7. CATEGORY OR REPORT (Check one)								
FIRST SECOND THIRD FOURTH PRE- PRE- MID-YEAR YEAR-END QUARTER QUARTER PRIMARY GENERAL SUBJECTION								
8.2. BEGINNING DATE OF REPORTING PERIOD 8.4. BEGINNING DATE OF REPORTING PERIOD 8.5. ENDING DATE OF REPORTING PERIOD								
(April 01 294 Cost 26 264)								
9. (Check one)								
a. This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)								
b. This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.								
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code. Signature of candidate OU-28-14 date								
11. WITNESS SIGNATURE								
Saun Mussell 04-28-14 signature of witness date Shaun Mussell 04-28-14 signature of witness date								
12. SUMMARY								
a. BALANCE ON HAND LAST REPORTs 264.51								
b. TOTAL RECEIPTS THIS PERIODs 250 - CG								
c. TOTAL DISBURSEMENTS THIS PERIODs 3 95 14								
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)								
e. TOTAL LOANS OUTSTANDING								
f. TOTAL OBLIGATIONS OUTSTANDING								



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) 14. REPORT COVERING THE PERIOD FROM 04 - CL-(4) TO: 04 - 24 - 24 - 24 - 24 - 24 - 24 - 24 -							
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest) a. Unitemized Contributions (\$100 or less from each source this period) \$\frac{1}{2}\$ b. Itemized Contributions (over \$100 from each source this period) \$\frac{1}{2}\$ \$\frac{1}{2}							
b. Itemized Contributions (over \$100 from each source this period)							
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 250.00 16. LOANS RECEIVED THIS REPORTING PERIOD							
16. LOANS RECEIVED THIS REPORTING PERIOD							
17. INTEREST RECEIVED THIS REPORTING PERIOD							
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) DISBURSEMENTS 19. EXPENDITURES (other than loan payments) a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)							
DISBURSEMENTS 19. EXPENDITURES (other than loan payments) a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline) Policital Conds							
19. EXPENDITURES (other than loan payments) a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline) Policital Conds							
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline) Policital Conds							
Total of Expenditures (\$100 or less each payee)							
Total of Expenditures (\$100 or less each payee)							
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Total of Expenditures (\$100 or less each payee)							
Total of Expenditures (\$100 or less each payee)							
Total of Expenditures (\$100 or less each payee)							
b. Itemized Expenditures (Over \$100 each payee this period)							
170 - 11							
TOTAL EVENTURE IN THE STATE OF							
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)							
20. LOAN REPAYMENTS MADE THIS PERIOD\$							
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)\$							
22.IN-KIND CONTRIBUTIONS							
a. Unitemized in-kind contributions (\$100 or less from each source this period)\$							
b. Itemized in-kind contributions (over \$100 from each source this period)\$							
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)\$							
23. OBLIGATIONS							
a. Unitemized Obligations Outstanding (\$100 or less each)\$							
b. Itemized Obligations Outstanding (Over \$100 each)\$							
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)\$							



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE	NG THE PERIOD TO: $04-26-14$							
3 TOTAL ITEMIZED CAMPAIGN CONTRIBUTE	Amolini 2 50 -00							
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)								
First Name	Middle Name	, /	Contribution Received For.	TOO HOIT any Contributor)	Amount of Contribution			
Last Name/Organization Name	N(i	chael	Primary Election	General Election				
Address 2904 Old Brit	+'an	<i>c</i> : 1	Runoff (Local Election	\$250.00				
City Ol	State ,	ZID CODES 271110	Date of Contribution	Aggregate This Election				
Occupation San Tul	TN	3093 1913		2014	Aggregate This Election			
Employers CV 212 To-lerver	H Con	Specialist	04-03	- 200A	H 7 50-00			
VOlunteer Behar	1601a	Teath			Ha			
First Name	Middle Nam	e	Contribution Received For		Amount of Contribution			
Last Name/Organization Name			Primary Election	General Election				
Address			Runoff (Local Election	ns Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation	1							
Employer								
First Name	Middle Name		Contribution Received For:		Amount of Contribution			
Last Name Organization Name			Primary Election General Election					
Address			Runoff (Local Election					
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation								
Employer			-					
Eart Name	Tues							
First Name	Middle Name		Contribution Received For:		Amount of Contribution			
Last Name/Organization Name			Primary Election General Election					
Address			Runoff (Local Elections Only)					
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Cocupation			1					
Employer			-					
E TOTAL ITEMIZED CO. TOTAL								
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages)								
(If this is the last page of contributions, this amount mus	of this form a	re used.)						

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVER	RING THE PERIOD					
	TO: 64-216-14						
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)							
		Did to the second secon	THE RESERVE TO SHARE SHA	to any payee during the pe	riod)		
First Name Tale	Middle Na		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name Character accept Printing			a .				
Address Comming 1.	Address 2903 Comming Huy		Signs		\$365.00		
Address 2903 Comming 1.	State	Zip Code 37419			4 00		
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name			-				
Address			_				
City	To.	Tala	_				
City	State	Zip Code					
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	Last Name/Business Name						
Address		-					
City	State	7:- 0-d-	<u>-</u>				
City	State	Zip Code					
First Name	Middle Nar	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address			1		¥90		
City	State	Zip Code	-				
and the same of th							
First Name	Middle Nar	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address			1				
City	State	Zip Code	1				
First Name	Middle Nar	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name		1					
Address			1				
City	State	Zip Code	-				
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional page)	ges of this form	are used.)					
(If this is the last page of expenditures, this amount n	nust be shown in	item 19b. of summary.)					

SS-1129 (Rev. 4/02)

RDA 1159